



MAYOR'S HEALTH AND FITNESS CHALLENGE PARTICIPANT REGISTRATION FORM

Participant Information:				
Date: / /				
Last Name:		First Name:		M.I.:
Street:	City:	State:	Zip + 4:	
Email:		Phone: ()		
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Year of Birth:	Ethnic Background:	
Education: <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> High school graduate <input type="checkbox"/> Some college <input type="checkbox"/> Four-year college graduate				
Fitness Assessment: <i>(To be completed by Staff)</i>				
Height:	Weight:	Body Mass Index:	Blood Pressure:	
Directions: Please check the most appropriate answer for you.				
1. Do you agree to join Mayor Alex Penelas in his Health and Fitness Challenge and in doing so adopt a healthy lifestyle: Participating in regular exercise, eating a healthier diet and learning better ways to manage daily stress?				<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you plan on attending future Mayor's Health and Fitness Challenge community events?				<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have health insurance?				<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have a primary care doctor?				<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you seen a primary care doctor within the past two years?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6. On average, how often do you smoke?				
<input type="checkbox"/> Not at all <input type="checkbox"/> Occasional use of cigar or pipe <input type="checkbox"/> Cigarettes: Less than 10/day <input type="checkbox"/> Cigarettes: 11-20 per day <input type="checkbox"/> Cigarettes: 21-30 per day <input type="checkbox"/> Cigarettes: 31-or more per day				
7. On average how many glasses of alcohol do you drink per week?				
<input type="checkbox"/> Not at all <input type="checkbox"/> 1-3 glasses <input type="checkbox"/> 4-5 glasses <input type="checkbox"/> 6-7 glasses <input type="checkbox"/> 8-10 glasses <input type="checkbox"/> 11-20 glasses <input type="checkbox"/> 21 or more glasses				
8. On average, how many hours per day do you spend watching TV or using the Computer at home?				
<input type="checkbox"/> 0-1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 or more				
9. On average, how many servings per day do you eat of fruits and vegetables?				
<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 or more				
10. On average, how many times per week do you eat a breakfast meal?				

	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
11.	On average, how many times per week do you participate in exercise and/or fitness activities? (i.e. bicycling, jogging, weights, walking, tennis, etc)							
	<input type="checkbox"/> Never	<input type="checkbox"/> 0-2 times per week	<input type="checkbox"/> 3-5 times per week	<input type="checkbox"/> 6-7 times per week				
12.	How long do you exercise for?							
	<input type="checkbox"/> Less than 20 min.	<input type="checkbox"/> 20-30 min.	<input type="checkbox"/> 30-60 min.	<input type="checkbox"/> 60-90 min.	<input type="checkbox"/> More than 90 min.			
13.	How hard do you exercise?							
	<input type="checkbox"/> Mild, little increase in heart rate	<input type="checkbox"/> Moderate, obvious increase in heart rate	<input type="checkbox"/> Vigorous, rapid breathing					
14.	On average, how often do you use a public park for exercise?							
	<input type="checkbox"/> Not at all	<input type="checkbox"/> 1-4x a year	<input type="checkbox"/> 5-11x a year	<input type="checkbox"/> 1-3x a month	<input type="checkbox"/> 1 or more times a week			
15.	For most nights of the week, do you sleep at least 7 to 8 hours per night?							
	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
16.	Overall, how would you rate your daily stress level?							
	<input type="checkbox"/> No stress	<input type="checkbox"/> Occasional mild stress	<input type="checkbox"/> Frequent mild stress	<input type="checkbox"/> Frequent moderate stress	<input type="checkbox"/> Frequent high stress	<input type="checkbox"/> Constant high stress		
17.	Rate your motivation to adopt a healthy lifestyle							
	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Very high			

Consent & Release:	
<p>I understand this is a voluntary assessment to determine fitness levels and is not to be considered diagnostic, nor a thorough evaluation of my health status. In addition, I understand that the assessment results will be provided to me and that I am responsible for any follow-up. The purpose of this information is to better understand the health and fitness needs of the participants in the Mayor's Health and Fitness Challenge. Individual contact information and responses will not be disclosed and/or published in any form or manner; all information will be presented anonymously and in summary form. I acknowledge that I have read and understand the information in this form and hereby consent to release this information. I release and hold harmless Miami-Dade County, PR Racing Inc. and any and all Sponsors from any and all claims or causes of action of whatsoever nature that I may have that arise out of my participation in the Mayor's Health and Fitness Challenge and its events.</p>	
Signature:	Date: / /
Focus Group:	
<p>I would like to join the focus group which will enable the Mayor's Health and Fitness Challenge to track my progress in adopting a healthier lifestyle. I recognize that I may be contacted by telephone or email by a staff member in order to provide additional information and to help me assess my progress. I also understand that I may withdraw from focus group participation in the focus group at any time, in which case, I will not receive any further contact.</p>	
Please check:	
<input type="checkbox"/> Yes, I would like to be considered as a possible candidate for the Focus Group	
Signature:	Date: / /



MAYOR'S HEALTH AND FITNESS CHALLENGE SIGN-UP

YOUTH SURVEY *(Less than 18 years old)*

Participant Information:			
Today's Date: / /			
Last Name:	First Name:	M.I.:	
Age: _____ Sex : <input type="checkbox"/> Female <input type="checkbox"/> Male			
Fitness Evaluation: <i>(To be filled in by Staff)</i>			
Height:	Weight:	Body Mass Index:	Blood Pressure:
Directions: Please check the most appropriate answer for you.			
1. On average, how many hours do you sleep each day/night? <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 or more			
2. On average, how many servings of fruits and vegetables do you eat each day? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 or more			
3. On average, how many times per week do you eat breakfast? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7			
4. On average, how many servings per day of soft drinks do you have? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 or more			
5. On average, how many hours per day do you spend watching TV? <input type="checkbox"/> 0-1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 or more			
6. On average, how many hours per day do you spend playing video games or using the computer? <input type="checkbox"/> 0-1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 or more			
7. On average, how many times per week do you participate in exercise or sport activities? <input type="checkbox"/> Never <input type="checkbox"/> 0-2 times per week <input type="checkbox"/> 3-5 times per week <input type="checkbox"/> 6-7 times per week			
8. How hard do you exercise? <input type="checkbox"/> Mild: little increase in heart rate <input type="checkbox"/> Moderate: obvious increase in heart rate <input type="checkbox"/> Hard: big increase in heart rate			
9. On average, how often do you use a public park for recreation or exercise? <input type="checkbox"/> 1-2x a week <input type="checkbox"/> 3-5x a week <input type="checkbox"/> 1-2x a month <input type="checkbox"/> 3-5x a month <input type="checkbox"/> 1-2x a year <input type="checkbox"/> 3-5x a year <input type="checkbox"/> 6 or more times a year			